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EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation

OMB No 1545-0052 16

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

	ne of foundation		, and ending	A Employer identification	number
_				40 4400055	
	IVE MILE CHILDRENS FOUNDAT			48-1198875	
	nber and street (or P O box number if mail is not delivered to street a	Room/suite	B Telephone number	^^	
	O JOHN T. ARCHER, 927 MII			620-856-44	00
	y or town, state or province, country, and ZIP or foreign po	stal code		C If exemption application is p	ending, check here
G C	Check all that apply: Initial return	Initial return of a former	public charity	D 1. Foreign organizations	s, check here
	Final return	Amended return			
	Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H_C	Check type of organization: X Section 501(c)(3) exe			E If private foundation star	tus was terminated
L		Other taxable private foundation		under section 507(b)(1)	
I Fa	air market value of all assets at end of year J Accountin	•	Accrual	F If the foundation is in a	60-month termination
		er (specify)		under section 507(b)(1)	(B), check here
		nn (d) must be on cash basis	.) 	<u> </u>	T"
_Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and (l expenses per books) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	3,127,138.		N/A	
	2 Check In if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)	RECEIVED		<u> </u>	ļ
Φ	6a Net gain or (loss) from sale of assets not on line 10	1 1 1 7	8		
Revenue	b Gross sales price for all assets on line 6a			ļ	
ě	7 Capital gain net income (from Part IV, line 2)		0.		
_	8 Net snort-term capital gain	2001211		<u></u>	
	9 Income modifications 10a and allowances	COEN, UI			
	102 and allowances b Less Cost of goods sold			 	ļ
	c Gross profit or (loss)				
	11 Other income				
	12 Total Add lines 1 through 11	3,127,138.	0.		
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages	941,673.	0.		0.
	15 Pension plans, employee benefits				
ses	16a Legal fees				
Sen	b Accounting fees STMT 1	1,860.	0.		0.
Expen	c Other professional fees				
and Administrative	17 Interest				
tat	18 Taxes STMT 2	95,057.	0.		0.
nis	19 Depreciation and depletion	43,135.	0.		ļ
퍨	20 Occupancy	42,300.	0.		0.
Š	21 Travel, conferences, and meetings	1,462.	0.		0.
ä	22 Printing and publications	1 600 077			
iig	23 Other expenses STMT 3	1,608,877.	0.	 	0.
Operating	24 Total operating and administrative	2,734,364.	0.		
Ö	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid	2,734,304.		 	0.
	25 Contributions, gifts, grants paid 26 Total expenses and disbursements.			 	
	Add lines 24 and 25	2,734,364.	0.		0.
	27 Subtract line 26 from line 12:	21,721,304	<u> </u>		<u>-</u> -
	Subtract line 20 from line 12. Recess of revenue over expenses and disbursements	392,774.			
	b Net investment income (if negative, enter -0-)		0.	 	
	c Adjusted net income (if negative, enter -0-)			N/A	
6235	501 11-23-16 LHA For Paperwork Reduction Act Notice	, see instructions.			Form 990-PF (2016)

Form 990-PF (2016) FIVE MILE CHILDRENS FOUNDATION 48-1198875						
P	art	Balance Sheets Attached schedules and amounts in the description		Beginning of year	End of	
	21 (column should be for end-of-year amounts only	_	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		890,165.	1,323,637.	1,323,637.
	2	Savings and temporary cash investments	L			
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable	L			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons	L			
	7	Other notes and loans receivable	35.			
		Less: allowance for doubtful accounts >	0.	190,256.	189,735.	0.
ş	8	Inventories for sale or use	L			
Assets	9	Prepaid expenses and deferred charges	L			
Ä	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock				·
	C	Investments - corporate bonds	[
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other	Γ			
	14	Land, buildings, and equipment: basis ► 841,4	00.			
		Less accumulated depreciation STMT 4 > 433,4		451,119.	407,984.	407,984.
	15	Other assets (describe ►)			
		Total assets (to be completed by all filers - see the		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		instructions. Also, see page 1, item I)		1,531,540.	1,921,356.	1,731,621.
	17	Accounts payable and accrued expenses		17,866.	14,908.	
	18	Grants payable				
(A	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	r			
<u>.</u>	21	Mortgages and other notes payable	r			
2.	į.	Other liabilities (describe	\			
		Entre Habilities (6000150	─-′ -	-	-	
	23	Total liabilities (add lines 17 through 22)		17,866.	14,908.	
_	20	Foundations that follow SFAS 117, check here	77	2770001	11/5001	
		and complete lines 24 through 26 and lines 30 and 31.				
es	24	Unrestricted				
Net Assets or Fund Balances	25	Temporarily restricted	F			
3ag	26	Permanently restricted	F			
ğ	-	Foundations that do not follow SFAS 117, check here	┰┐┟			
Ξ		and complete lines 27 through 31.	••			
9	27	Capital stock, trust principal, or current funds		0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other fun	ıds	1,513,674.	1,906,448.	
et/	30	Total net assets or fund balances	- F	1,513,674.	1,906,448.	
Z	"	Total lict assets of fully palatives		1,515,074.	1,500,440.	
	31	Total liabilities and net assets/fund balances		1,531,540.	1,921,356.	
\equiv			d D.		1,321,3300	
LP	art	Analysis of Changes in Net Assets or Fu	ina Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column ((a), line 3	30		
•		st agree with end-of-year figure reported on prior year's return)	,,		1	1,513,674.
2 Enter amount from Part I, line 27a					2	392,774.
						0.
4		lines 1, 2, and 3			3 4	1,906,448.
5		reases not included in line 2 (itemize)			5	0.
6		I net assets or fund balances at end of year (line 4 minus line 5) - P.	art II. co	lumn (b), line 30	6	1,906,448.
<u>~</u>	. 5.0		,			Form 990-PF (2016)

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	Calcillar year for tax year beginning in			<u>'' ''</u>	oon (b) divided by con (c))
	2015	0.	0.		.000000
	2014	0.	0.		.000000
	2013	0.	0.		.000000
	2012	0.	0.		.000000
	2011	0.	0.		.000000
	Total of line 1, column (d)	a named of wide the total on line O by F	or hu the gureless of season	2	.000000
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years					.000000
4	Enter the net value of noncharitable-use ass	ets for 2016 from Part X, line 5		4	
5	Multiply line 4 by line 3			5	0.
6	Enter 1% of net investment income (1% of a	Part I, line 27b)		6	0.
7	Add lines 5 and 6			7	0.
8	Enter qualifying distributions from Part XII,	line 4		8	0.
	If line 8 is equal to or greater than line 7, cho	eck the box in Part VI, line 1b, and comp	plete that part using a 1% tax rate.		

See the Part VI instructions.

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Part VI Excise Tax Based on Investment Income (Section 494		+540 - See	ınstru	CUOI	15)
1a Exempt operating foundations described in section 4940(d)(2), check here and exempt operating foundations described in section 4940(d)(2), check here		1			
Date of ruling or determination letter: (attach copy of letter if ne		} }			_
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	▶	1_1			0.
of Part I, line 27b		1 1			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 49	% of Part I, line 12, col. (b). リ	1 1			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:					
a 2016 estimated tax payments and 2015 overpayment credited to 2016	6a]]			
b Exempt foreign organizations - tax withheld at source	6b	7)			
c Tax paid with application for extension of time to file (Form 8868)	6c	7			
d Backup withholding erroneously withheld	6d	7			
7 Total credits and payments. Add lines 6a through 6d		7 7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is att	ached	8			<u>-</u>
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
11 Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	11			
Part VII-A Statements Regarding Activities	Titelunaeu P		-		
1a During the tax year, did the foundation attempt to influence any national, state, or local legi	islation or did it participate or interver	e in	Τ	Yes	No
any political campaign?	islation of the Reparticipate of interver	ic iii	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses (see instructions for the definition	m/2	1b		X
	·	•	10		
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials publi	snea or	-		
distributed by the foundation in connection with the activities.					
c Did the foundation file Form 1120-POL for this year?			10	ļ	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the			1		
(1) On the foundation. > \$ (2) On foundation manager		<u>•</u>			
e Enter the reimbursement (if any) paid by the foundation during the year for political expeni	diture tax imposed on foundation				
managers. ► \$0.					
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2		X
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	•	or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.	ear?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	?		5		X
If "Yes," attach the statement required by General Instruction T.			1 .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:		1		1
 By language in the governing instrument, or 			ì		
 By state legislation that effectively amends the governing instrument so that no mandato 	ory directions that conflict with the sta	te law	- [
remain in the governing instrument?			6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," co	mplete Part II, col. (c), and Part >	N .	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instruction	ions) NONE		ĺ		
			}		i I
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of s	section 4942(j)(3) or 4942(j)(5) for ca	lendar			
year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	complete Part XIV		9		X
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schee			10		X
	-	F	orm 99 6)-PF	(2016)

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had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be F	tequirea (contin	ued)		
5a During the year did the foundation pay or incur any amount to:			[ee]	-	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			8 X No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire		□		
any voter registration drive?	.		8 X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	described in section		[TET	}	ł
4945(d)(4)(A)? (see instructions)			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[2]		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	37/3	-	
section 53.4945 or in a current notice regarding disaster assistance (see instrui	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi		4			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		. —			
expenditure responsibility for the grant?		I/A	es L No		
If "Yes," attach the statement required by Regulations section 53.4945	• •				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on		[2],,		
a personal benefit contract?		Y(es X No	~	,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal Denetit Contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	halta- tt0		. []		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y0	es X No	_ _	
Part VIII Information About Officers, Directors, Truste		nagam Highl	N/A	7b	
Paid Employees, and Contractors	ses, Foundation Ma	mayers, mym	y		
List all officers, directors, trustees, foundation managers and their	compensation.		· · · ·		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense ount, other
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contibutions to employee benefit plans and deterred compensation to position					ount, other lowances
		<u> </u>		1	
SEE STATEMENT 5		0.	0.	.	0.
				•	
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)) Expense ount, other
(a) harte and address of each employee paid more than \$60,000	devoted to position	(c) compensation	and deferred compensation	all	lowances
NONE					
	·				
				<u>_</u> _	
		1			
				1	
Fotal number of other employees paid over \$50,000					Λ

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	▶ 0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
SEE STATEMENT 6	2,395,271.
AT RISK CHILDREN ARE IDENTIFIED TO ATTEND A WEEKLONG TRIP TO COLONIAL WILLIAMSBURG. THE ACTIVITY PROVIDES THE LEARNING	
EXPERIENCE OF AMERICAN HISTORY.	230,744.
DONATIONS TO PRESCHOOL AND DAYCARE FOR SOCIALLY AND	
ECONOMICALLY DISADVANTAGED CHILDREN	
AFTER SCHOOL LEARNING PROGRAMS FOR CHILDREN AND EVENING	73,303.
PROGRAMS FOR ADULTS OBTAINING THEIR GED	22.24
Part IX-B Summary of Program-Related Investments	32,840.
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
N/A	741100111
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

P	art X Minimum Investment Return (All domestic foundations m	nust complete this part. Foreign four	ndations, see in	structions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes:		
а	Average monthly fair market value of securities	, , , , , , , , , , , , , , , , , , , ,	1a	0.
	Average of monthly cash balances		1b	
	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	•	2	0.
3	Subtract line 2 from line 1d	İ	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on	•	5	0.
6	Minimum investment return. Enter 5% of line 5		6	0.
Ρ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) an foreign organizations check here ▶ ☐ and do not complete this part.)		d certain	
1	Mınımum investment return from Part X, line 6		1	0.
2a	Tax on investment income for 2016 from Part VI, line 5	2a		<u> </u>
b	Income tax for 2016. (This does not include the tax from Part VI.)	2b		
C	Add lines 2a and 2b		2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	0.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	0.
6	Deduction from distributable amount (see instructions)		6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part	XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	ooses;		 -
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	0.
b	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitab	ile, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
b	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, an	nd Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	stment		
	income. Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	0.
	Note : The amount on line 6 will be used in Part V, column (b), in subsequent years w 4940(e) reduction of tax in those years.	hen calculating whether the foundation of	jualifies for the se	

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Part XIII Undistributed Income (see instructions)

,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7	 			0.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2016:		<u>.</u>		
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$0 .				
a Applied to 2015, but not more than line 2a			0.	
b Applied to undistributed income of prior				-
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	,		
d Applied to 2016 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	.]		
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011	_			
not applied on line 5 or line 7	0.	· · · · · · · · · · · · · · · · · · ·		
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.	•		
10 Analysis of line 9:				
a Excess from 2012				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016		L .	<u> </u>	5 OOO DT (00.40)

	LE CHILDREN			48-11	98875 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2016, enter the date of t	he ruling	▶		 _
b Check box to indicate whether the found	lation is a private operatin	g foundation described i	n section	4942(j)(3) or49	42(<u>J</u>)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for	,		ļ		
each year listed					
b 85% of line 2a					<u> </u>
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not				İ	
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly				Ì	
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon:					1
a "Assets" alternative test - enter:					
(1) Value of all assets				<u> </u>	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, 					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				 	
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t				4.,	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh		than 2% of the total cont	ributions received by the	foundation before the clos	se of any tax
year (but only if they have contributed r					,
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large porti	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.			
NONE		<u>. </u>			
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	riduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d.
a The name, address, and telephone num	ber or e-mail address of t	he person to whom appli	cations should be addre	ssed:	
b The form in which applications should t	e submitted and informat	tion and materials they st	nould include:		
c Any submission deadlines:					
					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Total

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Code	Amount	sion	Amount	function income
a					
		 			
					
			-	 	
e				 	
			├──		
g Fees and contracts from government agencies	ļ		 	 	
2 Membership dues and assessments	 				
3 Interest on savings and temporary cash				1	
investments			14		
4 Dividends and interest from securities			ļ		
5 Net rental income or (loss) from real estate:	<u> </u>		<u> </u>	<u> </u>	<u> </u>
Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		<u></u>	<u> </u>		
7 Other investment income			<u></u>		
8 Gain or (loss) from sales of assets other					
than inventory				Ę	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			1		\
b		 			
					
· - 					
d			 -		
12 Subtotal. Add columns (b), (d), and (e)		0.	-		0.
13 Total. Add line 12, columns (b), (d), and (e)	L				0.
(See worksheet in line 13 instructions to verify calculations.)				10	
			-		
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor	ne is renorted	in column (e) of Part XVI-A	contri	huted importantly to the accor	nnlishment of
the foundation's exempt purposes (other than b			Comm	outed importantly to the docor	nphonnion of
	.,,,	, , , , , , , , , , , , , , , , , , ,			
					
		· 			
					
					
					
					
					
					
					
					
					
1					

orm 990-PF (Part XVII				46-11 nd Relationships With Nonc	<u>198875</u> haritable		ige 1
Did the o		rectly engage in any of the follow	ing with any other organization	described in section 501(c) of		Yes	N
	·)(3) organizations) or in section (rations?			ļ
	•	ation to a noncharitable exempt o	organization of:				l
(1) Cash					1a(1)		X
(2) Other					1a(2)	├	X
-	nsactions: s of assets to a noncharita	ble everent organization			15(1)		x
• •		ncharitable exempt organization			16(2)		X
	tal of facilities, equipment,	, -			1b(3)		X
	nbursement arrangements				1b(4)		X
• •	ns or loan guarantees				1b(5)		X
(6) Perf	ormance of services or me	embership or fundraising solicitat	tions		1b(6)		X
Sharing (of facilities, equipment, ma	uling lists, other assets, or paid e	mployees		1c		X
or servic column (es given by the reporting f	· · · · · · · · · · · · · · · · · · ·	ived less than fair market value d.	ays show the fair market value of the goo	nt, show in		
) Line no	(b) Amount involved			(d) Description of transfers, transactions,	and sharing ar	rangemo	ents_
		N/A					
	 						
				 			
		 					
		<u> </u>					
ın sectio	n 501(c) of the Code (othe complete the following sch		ection 527?		Yes	[X] [
	(a) Name of or	ganization	(b) Type of organization	(c) Description of relat	ionship		
	N/A						
			- 				
							
		· 	- 				
Sign Here		projecte Decignation of preparer (other t		tatements, and to the best of my knowledge tition of which preparer has any knowledge CHAIRMAN Title	May the IRS return with the shown below	e prepa (see in:	rer
	Print/Type preparer's n				ΓIN		
	- The Proposed of	1.054.01.0		self- employed	-		
Paid	MICHAEL J.	MESSINA Wala	1/Mear		201337	673	,
Preparer Use Only	Firm's name ► MIC			Firm's EIN ► 43			
, 55 OIII)	Firm's address ▶ 11	1 W. 75 STREET					
		NSAS CITY, MO		Phone no. 816	_333_0	707	,
	<u></u>	MINISTER CALLI EN	<u> </u>	11 110116 110. 010	Form 99		

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

2016

Name of the organization

Employer identification number

F	IVE MILE CHILDRENS FOUNDATION	48-1198875						
Organization type (check of		-						
Filers of:	Filers of: Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• -	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule See instructions						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.								
Special Rules								
sections 509(a)(1) any one contribut	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Employer identification number

FIVE MILE CHILDRENS FOUNDATION

48-1198875

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.
--------	--

			
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4 WILLIAM A. ABERNATHY CHARITABLE LEAD	I otal contributions	Type of contribution
1	TRUST		Person X
	C/O COMMUNITY BANK OF RAYMORE PO BOX 200	\$ 1,364,984.	Payroll Noncash
			(Complete Part II for
	RAYMORE, MO 64083		noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ELIZABETH ANN BRANDOM CHARITABLE LEAD TRUST AGENCY		Person X
	C/O COMMUNITY BANK OF RAYMORE PO BOX		Payroll
	200	\$ 162,603.	Noncash
	RAYMORE, MO 64083		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Namoj dda ddoj dne zm. i T	1000 0010 1000	
3	WILLIAM A ABERNATHY TESTAMENTARY		Person X
	C/O COMMUNITY BANK OF RAYMORE PO BOX 200	\$ 1,598,000.	Payroll Noncash
			(Complete Part II for
	RAYMORE, MO 64083		noncash contributions.)
(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4		
	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX	Total contributions	Type of contribution Person X Payroll
No.	Name, address, and ZIP + 4 JOHN ARCHER		Person X Payroll Noncash
No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX	Total contributions	Type of contribution Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083	Total contributions	Person X Payroll
No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b)	Total contributions	Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083	*(c)	Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b)	*(c)	Type of contribution Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b)	*(c)	Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b)	\$	Person X Payroll
No. 4	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b)	\$	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b) Name, address, and ZIP + 4	\$	Type of contribution Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b) Name, address, and ZIP + 4	\$	Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b) Name, address, and ZIP + 4	\$	Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b) Name, address, and ZIP + 4	\$	Person X Payroll
(a) No.	Name, address, and ZIP + 4 JOHN ARCHER C/O COMMUNITY BANK OF RAYMORE PO BOX 200 RAYMORE, MO 64083 (b) Name, address, and ZIP + 4	\$	Person X Payroll

Employer identification number

FIVE MILE CHILDRENS FOUNDATION

48-1198875

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

the year from any one contributor. Complete concepting Part III, enter the total of exclusively religious	Olumns (a) through (e) and the follow s, charitable, etc , contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,00 ying line entry. For organizations less for the year (Enter this linfo once)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
	completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additions (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift

FORM 990-PF	ACCOUNTI	NG FEES	S:	PATEMENT	_1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
PROFESSIONAL FEES	1,860.	0.			0.
TO FORM 990-PF, PG 1, LN 16B	1,860.	0.			0.
FORM 990-PF	TAX	ES	S'	PATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOSI	
PAYROLL TAXES OTHER TAXES	86,121. 8,936.				0.
TO FORM 990-PF, PG 1, LN 18	95,057.	0.			0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
AUTO EXPENSE CAMP SUPPLIES CONTRACT LABOR INSURANCE OFFICE EXPENSE PROGRAM EXPENSES REPAIRS & MAINTENANCE UTILITIES TELEPHONE WASTE DISPOSAL	169,794. 776,084. 259. 198,272. 10,574. 223,435. 39,166. 159,050. 15,541. 16,702.	0. 0. 0. 0. 0.			0. 0. 0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	1,608,877.	0.			0.

FORM 990-PF DEPRECIATION	OF ASSETS NO	T HELD FOR INV	ESTMENT	STATEMENT 4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	FAIR MARKET VALUE
AUTOMOBILE	24,400.	24,400.	0.	0.
LAND, BUILDINGS AND	244 522		044 500	044 800
EQUIPMENT	311,723.	0.	311,723.	
TRACTOR	49,750.	49,750.	0.	0.
EQUIPMENT	2,712.	2,712.	0.	0.
BUS	2,500.	2,500.	0.	0.
HORSE TRAILER	6,500.	6,500.	0.	0.
KUBOTA RTV 900-W	12,300.	12,300.	0.	0.
BUSHWACKER SIDEBOOM	20,700.	20,700.	0.	0.
TOYOTA 4RUNNER	26,937.	23,235.	3,702.	3,702.
COMPUTER - TREEHOUSE	972.	972.	0.	0.
COMPUTER - TREEHOUSE	1,176.	1,176.	0.	0.
COPY MACHINE - TREEHOUSE PLAYGROUND EQUIPMENT -	2,135.	2,135.	0.	0.
TREEHOUSE	29,606.	29,606.	0.	0.
2008 TOYOTA PICKUP	22,097.	22,097.	0.	0.
CLASSROOM FURNITURE -				
TREEHOUSE	8,602.	8,602.	0.	0.
2009 TOYOTA	16,488.	16,488.	0.	0.
2009 FORD VAN	20,514.	20,514.	0.	0.
FORD DIGGER TRUCK	10,000.	10,000.	0.	0.
2011 FORD F-250 TRUCK	38,988.	38,988.	0.	0.
2012 - LOT 10 BLOCK 9				
BAXTER SPRINGS KS	20,000.	0.	20,000.	20,000.
DUMP TRUCK	22,000.	18,198.	3,802.	3,802.
2006 FORD 350	19,500.	13,884.	5,616.	5,616.
2011 TOYOTA TRUCK	24,000.	17,088.	6,912.	
2013 TOYOTA TRUCK 2014 JOHN DEERE 6430	38,300.	27,270.	11,030.	11,030.
TRACTOR	91,500.	51,485.	40,015.	40,015
RTV VEHICLE	18,000.	12,816.	5,184.	
TO 990-PF, PART II, LN 14	841,400.	433,416.	407,984.	407,984.

	ST OF OFFICERS, D FOUNDATION MANA		STATI	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JOHN T ARCHER 927 MILITARY BAXTER SPRINGS, KS 66713	CHAIRMAN 2.00	0.	0.	0.
JAMES C CHRISTMAN 110 HUGHES HALL, 1701 SOUTH BROADWAY PITTSBURG, KS 66762	DIRECTOR	0.	0.	0.
JIM HUND PO BOX 54390 LUBBOCK, TX 79453	DIRECTOR 1.00	0.	0.	0.
MICHAEL J MESSINA 111 W 75TH STREET KANSAS CITY, MO 64114	DIRECTOR 1.00	0.	0.	0.
DENNIS BURKE 1520 CLEVELAND BAXTER SPRINGS, KS 66713	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF DIE	RECT CHARITABLE A	ACTIVITIES	STAT	EMENT 6

ACTIVITY ONE

WEEKLONG CAMPS DURING SUMMER MONTHS TO ALLOW AT RISK CHILDREN ADDITIONAL LEARNING EXPERIENCES. ACTIVITIES CONSIST OF THERAPUTIC HORSEBACK RIDING, ROPES COURSE, HIKING & CRAFTS.

TO FORM 990-PF, PART IX-A, LINE 1

EXPENSES

2,395,271.

2016 DEPRECIATION AND AMORTIZATION REPORT

	Ending Accumulated Depreciation		17,080.	17,080.			24,875.	1,356.	1,250.	6,500.	12,300.	20,700.	23,235.	972.	1,176.	2,135.	29,606.	22,097.	•
	Current Year Deduction A	`	•	0		0	·	•	•	•	•		1,775.	.	ö		o	1,412.	
	Current Sec 179 Expense					<u></u>						_						-	
	Beginning Accumulated Depreciation		17,080.	17,080.			24,875.	1,356.	1,250.	6,500.	12,300.	20,700.	21,460.	972.	1,176.	2,135.	29,606.	20,685.	
	Basis For Depreciation		17,080.	17,080.		311,723.	24,875.	1,356.	1,250.	6,500.	12,300.	20,700.	26,937.	972.	1,176.	2,135.	29,606.	22,097.	
	Reduction In Basis		7,320.	7,320.			24,875.	1,356.	1,250.								-,		
	Section 179 Expense								•										
990-PF	Bus % Excl													· · · · · · · · · · · · · · · · · · ·					
	Unadjusted Cost Or Basis		24,400.	24,400.		311,723.	49,750.	2,712.	2,500.	6,500.	12,300.	20,700.	26,937.	972.	1,176.	2,135.	29,606.	22,097.	
	C C C No		нхд 7				HX11.7	HY11.7	нхд 7	HY17	HY17	HY17	HY21	HY17	HY17	нхд.7	HW17	HY21	
	Life	 -	5.00				7.00	7.00	5.00	7.00 F	7.00	7.00 F	5.00	5.00 F	5.00 F	5.00 F	7.00	5.00	
	Method		200DB 5				200DB 7	200DB 7	200DB 5	200DB 7	200DB 7	200DB 7	200DB 5	20001 5	200DB 5	200DB 5	200DB 7	200DB 5	_
	Date Acquired M		03/06/03			12/31/02 L	07/14/03	07/11/03	02/25/04	06/02/08 2	07/28/05	08/19/05 2	07/02/07	08/06/08	10/31/08 2	11/13/08 2	05/27/08	10/27/08	_
990-PF PAGE 1	Description	TRANSPORTATION EQUIPMENT		* 990-PF PG 1 TOTAL TRANSPORTATION EQUIPMENT	OTHER	LAND, BUILDINGS AND EQUIPMENT	TRACTOR	EQUIPMENT	BUS	6 HORSE TRAILER	KUBOTA RTV 900-W	BUSHWACKER SIDEBOOM	TOYOTA 4RUNNER	10 COMPUTER - TREEHOUSE	11 COMPUTER - TREEHOUSE		PLAYGROUND EQUIPMENT - TREEHOUSE		L ACCOUNT WITH WITH THE PARTY OF THE
FORM 990	Asset		17			2	Б	4	Ω.	9	7	80	6	10	11 (12 0	13	14	
ည	<u>.</u>	<u> </u>																	_

FORM	FORM 990-PF PAGE 1						990-PF							
Asset	Description	Date Acquired	Method	Life	Noc>	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	16 2009 TOYOTA	05/21/09	200DB	5.00	HY21	16,488.				16,488.	16,488.		0	16,488.
	17 2009 FORD VAN	08/25/10	2000B	5.00	HY17	20,514.			_	20,514.	20,514.		0	20,514.
	18 FORD DIGGER TRUCK	10/01/10	200DB	5.00	HY1.7	10,000.				10,000.	10,000.		.0	10,000.
	19 2011 FORD F-250 TRUCK	02/18/11	1 200DB	5.00	HX17	38,988.				38,988.	36,742.		2,246.	38,988.
.,4	2012 - LOT 10 BLOCK 9 BAXTER 20 SPRINGS KS	02/09/12		000.	9 TAH	20,000.				20,000.			0	
	21 DUMP TRUCK	06/30/13	3 200DB	5.00	HY1.7	22,000.				22,000.	15,664.		2,534.	18,198.
	22 2006 FORD 350	10/16/14	200DB	5.00	HY17	19,500.				19,500.	10,140.		3,744.	13,884.
	23 2011 TOYOTA TRUCK	03/24/14	200DB	5.00	HY17	24,000.				24,000.	12,480.		4,608.	17,088.
	24 2013 TOYOTA TRUCK	03/24/14	200DB	5.00	HY17	38,300.				38,300.	19,916.		7,354.	27,270.
	25 2014 JOHN DEERE 6430 TRACTOR 04/11/14	04/11/14	200DB	7.00	HY11.7	91,500.				91,500.	35,479.		16,006.	51,485.
	26 RTV VEHICLE	09/19/14	200DB	5.00	HY17	18,000.				18,000.	9,360.		3,456.	12,816.
_						817,000.			27,481.	789,519.	338,400.		43,135.	381,535.
<u>.</u>	* GRAND TOTAL 990-PF PG 1 DEPR					841,400.			34,801.	806,599.	355,480.		43,135.	398,615.
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628111	628111 04-01-18					(D) - Asset disposed	peso		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	nercial Revital	lization Deduc	tion, GO Zone